DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
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Si necesita una versión en español de este aviso, visite el sitio web de la División de Rehabilitación y Liquidación
www.myfloridacfo.com/division/receiver.
(If you need a Spanish version of this notice, visit the Receiver's website at www.myfloridacfo.com/division/receiver)

NOTICE TO POLICYHOLDERS --- MARCH 26, 2013

REGARDING THE LIQUIDATION OF UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.

We are sending you this letter because our records indicate that you are a policyholder of Universal Health Care Insurance Company, Inc., a health insurance company which provided health care coverage to approximately 37,500 Medicare recipients. On March 22, 2013, Universal Health Care Insurance Company, Inc., ("UHCIC") was ordered into receivership for purposes of rehabilitation by the Second Judicial Circuit Court (the "Court") in Tallahassee, Florida. The Florida Department of Financial Services is the Court appointed Receiver of UHCIC.

Medicare contracts and premiums are administered through the Federal Centers for Medicare & Medicaid Services ("CMS"). The rehabilitation order was entered to allow the Receiver to conserve the assets of UHCIC and assist CMS in its efforts to provide continued health care coverage for UHCIC's policyholders. Unfortunately, UHCIC's financial condition prohibited any realistic chance for a successful rehabilitation of the company.

POLICY CANCELLATION EFFECTIVE 12:01 A.M. ON APRIL 1, 2013:
By Court Order, effective at 12:01 a.m. on April 1, 2013, UHCIC has been ordered liquidated. Your health care coverage with UHCIC is cancelled as of that time/date. **IMPORTANT: UHCIC policyholders will receive continued health care coverage from 12:01 a.m. on April 1, 2013, through arrangements made by CMS.** The Florida Department of Financial Services, as Receiver of UHCIC, is working with CMS to assist it in its efforts to provide a smooth transition for UHCIC's policyholders to other health care coverage beginning on April 1, 2013. **As a UHCIC policyholder, you should very carefully read any letters you receive from CMS. These letters will provide you with extremely important information regarding the continuation of your health care coverage from April 1, 2013, including arrangements made for continued prescription drug coverage, as well as explain your other Medicare options.**

Beneficiaries currently in the hospital or receiving skilled nursing care or treatments such as chemotherapy, dialysis, or organ transplantation will be able to continue with such care. **Remember, you will need to closely read the information and follow any instructions which are provided in letters you receive from CMS regarding your continued health care coverage from April 1, 2013.**

CONTACT INFORMATION:

For **Medicare** information: If you need more information regarding Medicare, other Medicare Advantage plans, or coverage options from 12:01 a.m. on April 1, 2013, please visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227). Please also call this number if you have not received a letter from CMS but think you should have. TTY users should call 1-877-486-2048. A Customer Service Representative will be able to answer your Medicare/Medigap/Medicaid questions.

For Receivership information: For additional information about the UHCIC Receivership, or about the receivership process in general, please contact the Receiver using the "Contact Us" form found on the Receiver's website at www.myfloridacfo.com/division/receiver. You may also call the Florida Department of Financial Services at 1-800-882-3054 (Florida only) or 850-413-3081.

The following are some questions which are commonly asked by all members of an insolvent insurance company such as UHCIC. We hope the questions and answers will be helpful to you in providing information regarding the UHCIC receivership proceeding.

COMMONLY ASKED QUESTIONS:

1. Do I have health care coverage now?

YES. Please refer to the letter you receive from CMS for details regarding your continued health care coverage following the cancellation of your coverage with Universal as of 12:01 a.m. on April 1, 2013. If you do not enroll in another health plan, starting April 1, 2013 you will have coverage through Original Medicare and a standalone prescription drug plan (PDP). Before you receive this letter from CMS you can call 1-800-MEDICARE (1-800-633-4227) for more information.

2. If I need to go to the hospital or receive other emergency care, who will authorize the medical treatment?

If you have a medical emergency (you believe your health is in serious danger):

- Get medical help as quickly as possible. Call 911 for help or go to the nearest emergency room. You do not need to get permission or authorization from your primary care physician or other provider.
- Make sure that your provider knows about your emergency so that they can be involved in following up on your emergency care. You or someone else should call to tell your primary care physician about your emergency care as soon as possible, preferably within 48 hours.
- Until 12:01 a.m. on April 1, 2013, you should also notify UHCIC's Customer Services Department at 1-866-690-4842.
- Please refer to the letter you receive from CMS for details regarding your continued health care coverage from 12:01 a.m. on April 1, 2013.

3. My doctor is refusing to treat me or is demanding immediate payment from me prior to providing medical services. What should I do?

Until April 1, 2013, please call UHCIC's Customer Services Department at: 1-866-690-4842. On and after April 1, 2013, you should follow the instructions which are provided in the letter you receive from CMS. You may also call 1-800-MEDICARE (1-800-633-4227) for assistance.

4. I need to fill a prescription. Which pharmacy should I use?

Until April 1, 2013, you should continue to use the pharmacy you used as a member of UHCIC. You will receive a letter from CMS about your new prescription drug plan (PDP) to be effective beginning on April 1, 2013. You will also receive a new prescription insurance card from your new PDP. If you need to fill a prescription on or after April 1, 2013, but you have not yet received your new card, your pharmacist may be able to get the necessary information to fill your prescription from CMS, or you can call 1-800-MEDICARE (1-800-633-4227) for assistance.

5. I am a Medicare member who asked Universal to cover a drug that I still need but I have not received a response from them. What should I do?

Because your coverage in UHCIC is ending April 1, 2013, CMS is arranging for enrollment in a different Medicare prescription drug plan. You will receive information from Medicare and from your new company. You should contact the new plan regarding your prescription needs, including any pending coverage determination or exceptions requests. If you have a pending request for reimbursement, your request will be forwarded to CMS' Independent Review Entity (IRE) and you will receive their decision directly.

We appreciate your continued cooperation in these matters.